

SECOND REGULAR SESSION
[P E R F E C T E D]
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILLS NOS. 567 & 792
93RD GENERAL ASSEMBLY

Reported from the Committee on Aging, Families, Mental and Public Health, April 3, 2006, with recommendation that the Senate Committee Substitute do pass.

Senate Committee Substitute for Senate Bills Nos. 567 and 792, adopted April 11, 2006.

Taken up for Perfection April 11, 2006. Bill declared Perfected and Ordered Printed.

TERRY L. SPIELER, Secretary.

3385S.03P

AN ACT

To repeal section 376.429, RSMo, and to enact in lieu thereof one new section relating to health care coverage for clinical trials.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.429, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 376.429, to read as follows:

376.429. 1. All health benefit plans, as defined in section 376.1350, that
2 are delivered, issued for delivery, continued or renewed on or after August 28,
3 [2002] **2006**, and providing coverage to any resident of this state shall provide
4 coverage for routine patient care costs as defined in subsection 6 of this section
5 incurred as the result of phase **II**, III, or IV of a clinical trial that is approved by
6 an entity listed in subsection 4 of this section and is undertaken for the purposes
7 of the prevention, early detection, or treatment of cancer.

8 2. In the case of treatment under a clinical trial, the treating facility and
9 personnel must have the expertise and training to provide the treatment and
10 treat a sufficient volume of patients. There must be equal to or superior,
11 noninvestigational treatment alternatives and the available clinical or preclinical
12 data must provide a reasonable expectation that the treatment will be superior
13 to the noninvestigational alternatives.

14 3. Coverage required by this section shall include coverage for routine

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

15 patient care costs incurred for drugs and devices that have been approved for sale
16 by the Food and Drug Administration (FDA), regardless of whether approved by
17 the FDA for use in treating the patient's particular condition, including coverage
18 for reasonable and medically necessary services needed to administer the drug or
19 use the device under evaluation in the clinical trial.

20 4. Subsections 1 and 2 of this section requiring coverage for routine
21 patient care costs shall apply to clinical trials that are approved or funded by one
22 of the following entities:

- 23 (1) One of the National Institutes of Health (NIH);
- 24 (2) An NIH cooperative group or center as defined in subsection 6 of this
25 section;
- 26 (3) The FDA in the form of an investigational new drug application;
- 27 (4) The federal Departments of Veterans' Affairs or Defense;
- 28 (5) An institutional review board in this state that has an appropriate
29 assurance approved by the Department of Health and Human Services assuring
30 compliance with and implementation of regulations for the protection of human
31 subjects (45 CFR 46); or
- 32 (6) A qualified research entity that meets the criteria for NIH Center
33 support grant eligibility.

34 5. An entity seeking coverage for treatment, prevention, or early detection
35 in a clinical trial approved by an institutional review board under subdivision (5)
36 of subsection 4 of this section shall maintain and post electronically a list of the
37 clinical trials meeting the requirements of subsections 2 and 3 of this
38 section. This list shall include: the phase for which the clinical trial is approved;
39 the entity approving the trial; the particular disease; and the number of
40 participants in the trial. If the electronic posting is not practical, the entity
41 seeking coverage shall periodically provide payers and providers in the state with
42 a written list of trials providing the information required in this section.

43 6. As used in this section, the following terms shall mean:

44 (1) "Cooperative group", a formal network of facilities that collaborate on
45 research projects and have an established NIH-approved Peer Review Program
46 operating within the group, including the NCI Clinical Cooperative Group and the
47 NCI Community Clinical Oncology Program;

48 (2) "Multiple project assurance contract", a contract between an
49 institution and the federal Department of Health and Human Services (DHHS)
50 that defines the relationship of the institution to the DHHS and sets out the

51 responsibilities of the institution and the procedures that will be used by the
52 institution to protect human subjects;

53 (3) "Routine patient care costs" shall include coverage for reasonable and
54 medically necessary services needed to administer the drug or device under
55 evaluation in the clinical trial. Routine patient care costs include all items and
56 services that are otherwise generally available to a qualified individual that are
57 provided in the clinical trial except:

58 (a) The investigational item or service itself;

59 (b) Items and services provided solely to satisfy data collection and
60 analysis needs and that are not used in the direct clinical management of the
61 patient; and

62 (c) Items and services customarily provided by the research sponsors free
63 of charge for any enrollee in the trial.

64 7. For the purpose of this section, providers participating in clinical trials
65 shall obtain a patient's informed consent for participation on the clinical trial in
66 a manner that is consistent with current legal and ethical standards. Such
67 documents shall be made available to the health insurer upon request.

68 8. The provisions of this section shall not apply to a policy, plan or
69 contract paid under Title XVIII or Title XIX of the Social Security Act.

70 9. Nothing in this section shall apply to any accident-only policy, specified
71 disease policy, hospital indemnity policy, Medicare supplement policy, long-term
72 care policy, short-term major medical policy of six months or less duration, or
73 other limited benefit health insurance policies.

✓
Copy